

CIPPS SECURITY AUTHORIZATION REQUEST

Box 1 filled out by Agency CIPPS Security Officer

Box 1

Print Name of Agency CIPPS Security Officer

Signature

Date

Requested CIPPS Security Action →
(Circle One)

1. New
2. Change
3. Delete

Requested CIPPS Security Level(s)→
(Circle)

1. Update Payroll
2. Update Leave
3. Certification* - includes Display Payroll
4. Display Payroll
5. Display Leave
6. Other - documented on attachment

***Must be authorized to disburse payroll on
agency signatory form.**

Requested Agency Code(s) _____

Box 2 filled out by CIPPS User

Box 2

**By signing below, I hereby certify that I will not allow another individual to know and/or
utilize my authorized access to CIPPS.**

Print User Name

Social Security Number

Signature

Date

Phone Number

ACF2 Logon ID

Box 3 filled out by DOA Security Coordinator

Box 3

Signatures have been verified and DOA has taken the requested action.

Signature

Date